



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH ARNETT HOSPITAL

City of Hospital: Lafayette

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

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Medicare Provider Number: 15-0173

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$487501117
Outpatient Patient Service Revenue	\$1024986027
Total Gross Patient Service Revenue	\$1512487144

2. Deductions From Revenue

Contractual Allowance	\$1047365070
Other Deductions	\$9335920
Total Deductions	\$1056700990

3. Total Operating Revenue

Net Patient Service Revenue	\$455786154
Other Operating Revenue	\$5176647
Total Operating Revenue	\$460962801

4. Operating Expenses

Salaries and Wages	\$173120499	Employee Benefits	\$37487818
Depreciation and Amortization	\$11893109	Interest Expense	\$11896716
Bad Debt	\$27410970	Other Expenses	\$182328456
Total Operating Expenses	\$444137568		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$16825233	Total Assets	\$412436899
Net Non-operating Gains over Loss	\$273605	Total Liabilities	\$412436899

Total Net Gains	\$17098838
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$668448722	\$543114880	\$125333842
Medicaid	\$203214045	\$174616921	\$28597124
Other Government	\$11536215	\$9721644	\$1814571
Other State	\$0	\$0	\$0
Other Payers	\$629288161	\$329247545	\$300040616
Total	\$1512487143	\$1056700990	\$455786153

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$409199	\$-409199

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$221443	\$-221443

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$127038	\$-127038
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	2976

Statement Six: Charity Statement

Hospital Charity Charges	\$24375794
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$6452273	
HCI Payments	\$0		
Subtotal	\$0	\$6452273	\$-6452273
Medicaid Shortfalls	\$49630657	\$65170932	
Subtotal	\$49630657	\$71623205	\$-21992548
DSH Payments	\$0		
Subtotal	\$49630657	\$71623205	\$-21992548
Medicare Shortfalls	\$71995620	\$90209592	
Other Government Programs	\$0	\$0	
Total	\$121626277	\$161832797	\$-40206520

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments